

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L23432**

1. Entity Name  
**FREDERICK MARTIN, P.A.**



Principal Place of Business  
**C/O FREDERICK MARTIN  
3180 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US**

Mailing Address  
**C/O FREDERICK MARTIN  
3180 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US**



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0147332** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTIN, FREDERICK  
3180 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
MARTIN, FREDERICK  
608 CADAGUA  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARTIN, FREDERICK  
608 CADAGUA  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/18/06-80025-003 150.1

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick Martin* - PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

(305) 445-5700

PRINTED  
NAME: **FREDERICK MARTIN**